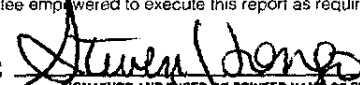


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # A33336					
1. Entity Name BENCHMARK UNIVERSITY SQUARE ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 4053 MAPLE ROAD AMHERST, NY 14226			Mailing Address 4053 MAPLE ROAD AMHERST, NY 14226		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3134332	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ Signature typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$300.00			10. Amount of Capital Contributions in FLORIDA to date 300		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P40054			STREET ADDRESS	
NAME	BENCHMARK TAMPA PROP, INC			CITY - ST - ZIP	
STREET ADDRESS	4053 MAPLE ROAD				
CITY - ST - ZIP	AMHERST, NY				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
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NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 				Date: 4/28/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Daytime Phone #	

STAPLE CHECK HERE